

S/N 10/008529

MAY 07 2004

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Paul V. Goode Jr.	Examiner:	George Manuel
Serial No.:	10/008529	Group Art Unit:	3762
Filed:	November 07, 2001	Docket:	279.388US1
Title:	MULTIPLEXED MEDICAL DEVICE LEAD WITH STANDARD HEADER		

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
MS: Amendment
P.O. Box 1450
Alexandria, VA 22313-1450

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 *et. seq.*, the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicant respectfully requests that this Supplemental Information Disclosure Statement be entered and the documents listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicant requests that a copy of the 1449 form, initialed as being considered by the Examiner, be returned to the Applicant with the next official communication.

Pursuant to 37 C.F.R. §1.97(c)(2), Applicants have included the fee of \$180.00 as set forth in 37 C.F.R. §1.17(p). Please charge any additional fees or credit any overpayment to Deposit Account No. 19-0743.

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TECHNOLOGY CENTER R3700

The Examiner is invited to contact the Applicant's Representative at the below-listed telephone number if there are any questions regarding this communication.

Respectfully submitted,

PAUL V. GOODE JR.

By his Representatives,

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Date 5-4-04

By Marvin L. Beekman
Marvin L. Beekman
Reg. No. 38,377

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Commissioner for Patents, MS: Amendment, P.O. Box 1450, Alexandria, VA 22313-1450, on this 4 day of May, 2004.

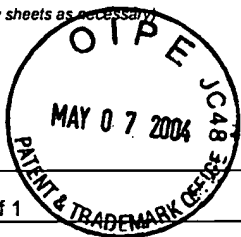
Name Paula Sucky

Signature Paula Sucky

Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)



Sheet 1 of 1

Complete if Known

Application Number	10/008529
Filing Date	November 7, 2001
First Named Inventor	Goode Jr., Paul
Group Art Unit	3762
Examiner Name	Manuel, George

Attorney Docket No: 279.388US1

US PATENT DOCUMENTS

Examiner Initial *	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Class	Subclass	Filing Date If Appropriate
	US-4,432,372	02/21/1984	Monroe, Paul P., et al.	128	675	08/28/1981
	US-4,485,813	12/04/1984	Anderson, Kenneth M., et al.	128	675	11/19/1981
	US-4,566,456	01/28/1986	Koning, Gerrit, et al.	128	419	10/18/1984
	US-4,708,143	11/24/1987	Schroeppel, Edward A.	128	419	07/14/1986
	US-4,791,935	12/20/1988	Baudino, Michael D., et al.	128	637	08/15/1986
	US-4,967,755	11/06/1990	Pohndorf, et al.	128	675	02/28/1989
	US-5,275,171	01/04/1994	Barcel, J. E.	607	122	08/06/1990
	US-5,324,326	06/28/1994	Lubin, Mark	607	122	11/25/1991
	US-5,336,253	08/09/1994	Gordon, et al.	607	122	02/23/1993
	US-5,411,532	05/02/1995	Mortazavi, Said	607	22	06/04/1993

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	Class	Subclass	T ²
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OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		SPIEGEL, EGBERT, et al., "A CMOS Sensor and Signal Conversion Chip for Monitoring Arterial Blood Pressure and Temperature", <u>IEEE International Solid-State Circuits Conference</u> , (February 20, 1992), pgs. 126-127	

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EXAMINER

DATE CONSIDERED

Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional) ² Applicant is to place a check mark here if English language Translation is attached